G.R.S. IX—5]

Previous references. 1923 Revenue

med 62-vn85 1-2 (med) **File No.** 68-25

Serial Nos. 8210

Later references.

GENERAL AND REVENUE SECRETARIAT.

Serial Nos.

Part B for April 24.

SUBJECT

Report of Mr K. Srinivasachari re. the learning he received in Moga Hospital on the Special method of operations

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10 Do. The Senior Surgeon Line Compli
Nod 8114-157 d 10-4-24
Records re Correspon-
dence of the Sr Sh in the matter

HS 15/4/24.

G. R. S. 59] GPB—15,000—20 12-13

GENERAL AND REVENUE SECRETARIAT.

191 / V / 12

(Kurunai)

File No. 106 — 11

Serial Nos. 3

Papers Filed.

Month January 1912.

SUBJECT.

Petition from Pattagaris of Belagalle in the Hewaheta Korale praying for the revival of Brahmin worship in Bhemeswara Devale at Belagalle.

PREVIOUS REFERENCES.	LATER REFERENCES.
	2

A. Henderson
9—11—14

G. R. S. III-2

General and Revenue Secretariat.

Med File No. 68 of 1923.

Serial No.

Letter No C 1647-1 dated the 31st January 1924 from the Senior Surgeon transmitting a copy of the report of Dr Srinivasa Chari on the training he received under Dr Mathews in Das Palwa of the Moga Hospital Punjab, on the Special method of operation to be performed in cases of cataract of the eye.

The file relating G.O. No d 3274-76/Med/68-23-4 dated the 6th Nov 1923 [illegible] the deputation of Dr K. Srinivasa Chari to Simla has been put up as reference in connection with his claim for the grant of Special rate of 2A. to him during the period. The Senior Surgeon does not say anything on the merits of the system learnt by Dr Srinivasa Chari [illegible]

NOTE—Contn. sheet.

4360

G. R. S. III-2

General and Revenue Secretariat. File No. of 19

Serial No.

Mr Nair on the deputation of Dr Seminaresa Iyer to Singapore was at the desire of the Private Secy to H.H. the Maharaja and the present report may perhaps be submitted to him for perusal. Submitted for orders

C.S. [illegible]
6/3/24

J

10/3/24

L L Secy)

Yes
8/3

7.9.67
7/3.

First Member)

29/3

May be recorded
Yes

29/3

Dewan Peshkar

29/3

NOTE—Contn. sheet.

G. R. S. III-2

General and Revenue Secretariat. | File No. | of 19

Serial No.

Asst Surgeon
C.S. MK
31/3/24
1-4.

Dmo
24

L 8114 - 15 dt 10/4/24. To Senior Surgeon Rampur. Returns the correspondence.

B
12/4

NOTE—Contn. sheet.

24687

4

Office of the Senior Surgeon in Mysore,

Bangalore, dated, 23rd January 1924.

No. C 1447-1 one enc (9 pages) 31-1

From

Dr. H.B. Mylvaganam, F.R.C.S.,
Senior Surgeon in Mysore, Bangalore.

GENERAL & REVENUE SECRETARIAT,
1 FEB 1924
LOCAL SELF GOVT. BRANCH

Br.... 1
1 1924 To

B. Nagappa, Esq., Bar-at-law,
Secretary to the Government of H.H.
the Maharaja of Mysore, Local and
Legislative Departments, Bangalore.

med 68-23-8

Sir,

With reference to Government Order No. L. 3274-76 Med. 68-23-4, dated 6th November 1923, approving the deputation of Mr. K. Srinivasachar, Offg. Surgeon, to Srinagar to undergo training under Dr. Mathura Das Pahva of the Moga Hospital in the technique of what is known as the Smith's Method of Cataract operations, I have the honour to forward the accompanying copy of the report received from Mr. Srinivasachar which speaks for itself, and to express the hope that the officer will make the best use of the experience gained by him.

I have the honour to be,

Sir,

Your most obedient servant

H.B. Mylvaganam

Senior Surgeon.

DR. SRINIVASACHAR'S REPORT.

(Deputed to study Cataract Extraction at Moga).

With reference to Government Order Camp 29-30 Med. dated 21st October 1923, ordering my deputation for training i n Cataract Extraction at the Moga Hospital under Dr. Mathra Dass, I have the honour to report as follows:

I was relieved of my duties in the Krishnarajendra Hospital on the afternoon of the 24th October 1923 and I started on deputation on the 27th idem, reaching Srinagar on the 4th November 1923. There I learnt that Dr. Mathra Dass - Pawah was not a resident of Srinagar but had been there in August last only as a casual visitor, and that his Head-quarters was at Moga in the Punjab, where he was in charge of the District Board Hospital. I immediately placed myself in communication with Dr. Mathra Das and also sought instructions from the Senior Surgeon; and then in pursuance of orders, proceeded to Moga arriving there on the 13th November 1923.

I was under training in the Moga Hospital under Dr. Mathra Das from the 14th November to the 4th December 1923. During this period, I was afforded full facilities for observation and study of Dr. Mathra Das's work and methods and given several opportunities of myself performing the operation in which he has specialised. This is what is known as Jullunder Smith's Cataract Extraction and consists of removing the lens with its capsule. I shall discuss later the technique of this operation as well as the relative merits of the Intra-capsular and the Capsulatomy methods.

Moga is the Head-quarters of a Taluk in the Ferosapur District with a population of 11,000 according to the latest census. Its only distinctive feature is its Hospital, the fame of which attracts patients from all parts of Northern India. This renown it owes exclusively to the extra-ordinary

Extra-ordinary personality of one man -- Dr. Mathra Das--; and it may be said with literal truth that the life and prosperity of the town centre round him. In fact, when Dr. Mathra Das started work about 20 years ago, Moga was an insignificant village, unknown beyond a radius of five or ten miles and its Hospitals a little-frequented Local Fund Dispensary with 18 beds. Now, the Hospital with its temporary structures and annexes can accommodate 3,000 patients at a time. In first year there were three Cataract operations; and in the next there were but 42; in 1920, Dr. Mathra Das operated on 8,000 patients, which is the highest on - record. During the seasons (from September to the middle of November and from the middle of February to the end of April every year) the place is crowded to the fullest capacity. The seasons, it must be said, have no connection with the prevalenc of the disease but have reference to the parts of the year when the climate is pleasant, that is, neither too hot nor too cold. Then the town assumes an all-together crowded and lively aspect, as quite a number of hotels and lodges come into temporary existence for the befits of the patients and their attendants. Moga is served by two railway lines- one from Ferosapur, which is about 1½ hours' run by train and the other from Ludhiana which is about twice that distance and the three trains which run every day, are, during the seasons full of patients. The Hospital has a Booking Office within its premises.

The Hospital has electric fittings-though the town has not-; and though it is not elaborately furnished, it is equipped with everything necessary for its special work. Dr. Mathra Das has three Sub Assistant Surgeons to help him; but the whole of the operative work is done by him alone. During the seasons, he not infrequently has 200 operations to perform in the day. It was almost the end of the season when I was there and though the daily average was more than 20 or 25, one day there were as many as 150. Dr. Mathra Das's Cataract Ope-

INSTRUMENTS.

Besides the speculum, knife, scissors and the Iris Forceps, two hooks are used, one to elevate the lid and the other to express the lens. The knife and scissors are not boiled, but are sterilised by dipping them in strong carbolic acid.

After cocanisation, the patient is put on the table. Lashes at the external canthus only are cut. Speculum is inserted. The conjunctival sac is washed out forcibly with perchloral lotion- 1 in 4,000- from a glass can suspended from the roof of the thratre, which is about six to eight feet above the table. The operator stands behind the patient for the right eye and in front of the patient for the left eye as he uses the right hand for making the incision in both the eyes. For operations on the right eye his assistant stands to the left of the patient, resting his hip against the table and raises the lids with his right thumb, pressing it in an upward direction against the supraorbital margin. Then the incision is made by entering the knife not at the sclero-corneal margin but a little backward in the sclera itself and the counter puncture is made in the sclero-corneal margin at the opposite side in the horizontal meridian so as to include half of the corneal base. The incision is made upwards and the knife is brought out in the cornea 1 or two m. m. from the sclero corneal margin by making the cut in the cornea at right angles to its surface. A small iridectomy is done and the speculum is removed. Then his assistant lifts the upper lid by introducing the hook under it and draws down the lower lid with his left thumb. The Surgeon draws the upper lid with his left thumb by pressing it against the supra--orbital margin in an upward direction by his left thumb and expresses the lens with the other hook, holding it in his right hand as a pen. The bulbous end of the lens-hook is laid on the lower end of the cornea of the vertical meridian and a steady pressure

pressure is applied in a backward direction. This causes pressure the lower edge of the lens to present forward against the cornea and the upper edge dips backward. By continuing the pressure the lens assumes a horizontal position. Then the direction of the pressure is changed upwards and the edge of the cornea is tucked on under the lower edge of the lense and is delivered. If the incision is fairly large and corneal, the delivery of the lens is quite easy. Then he replaces the Iris by the hook alone especially taking care at the angles of the incision; and the edges of the incision are co-apted. Now the eye is ready for final closure. The patient is asked to close his eyes gently and they are bandaged. No atrophine is instilled into the eyes. Somuch for the technique of the operation. It may be added however, that no description of the actual process of operation, however elaborate, can be so effectively instructive as actual demonstration and personal experience thereof.

III.

I shall now proceed to discuss the relative merits of the intra-capsular and the capsulatomy methods con fining myself only to the important complications that I observed at Moga.

Among the disadvantages of ef the intra-capsular method may be mentioned the following:-

(1) Escape of vitreous: No doubt, escape of vitreous will be certainly higher in the intracapsular method than in the capsulotomy method at the hands of beginners as the technique of expression requires a greater pressure; but as one gets trained and gains experience, it is quite possible to attain the dexterity of hands so as to minimise the escape of vitreous in the intra-capsular system as has now been attained by Doctor Mathra Das.

(2) Prolapsis of Iris: What struct me most was the number of prolapsis of Iris that was being brought to the operation table to be attended to every day. The prolapsed Iris was always obscised under cocaine. During this process there used to be escape of vitreous in many cases. In the capsulotomy system, however, the percentage of prolapsis of Iris is certainly very much less.

(3) Rupture of Capsule: This complication was seen in 5 or 10 per cent. of the cases. It occurred in most cases just as the lens presented itself at the section and was almost to be delivered; was more frequent when section was small and also when pressure was applied rapidly; generally occurs when capsule is very thin. Does not occur in immature cataracts and specially so in Morgagnian cataracts and-specially as the capsule is generally tough in it. When it occurred the capsule was drawn out completely in some cases by inserting the Iris forceps into the anterior chamber ; but in other cases only a partial removal was possible. Where the capsule can be drawn out completely the rupture of a capsule is not a great disadvantage as a clean pupil is obtained but in other cases where the capsule is removed partially the disadvantages of soft cutical matter and the capsule being left might supervene as the eye is not washed.

(4) Incision: In this Intra Capsular method as the incision is distinctly corneal it produces a higher degree of astigmatism, than in the capsulotomy method, where the incision is at the sclero-corneal margin; and this results in very much less acuity of vision. This corneal incision promotes prolapsis of Iris; and also it takes a longer period for the corneal incision to heal up than a sclero-corneal one.

(5) Pupil: In some cases the pupil is dome-shaped and wider on account of pressure of vitreous though in good cases it is quite oval and clear.

(c) After Cataract: In the capsulotomy method the capsule is left behind; as a result, in certain percentage of cases, after-cataract supervenes. Though this is very rare on account of the improved technique in the capsulotomy method, still a small percentage of cases is met with now and then. There is no after-cataract in the intra-capsular method.

(3) Infection: The chances of infection are less in this Intra Capsular System, as there is no washing of the eyes and only a few instruments are introduced into the eye.

(4) Co-operation of the patient: In this method, the surgeon is quite independent of the co-operation of the patient; and as such he is saved the high nervous strain and the loosing of his temper caused by the on-co-operation of the patient in the other method, as in it the co-operation of the patient is quite essential.

As far as the vision of the patients operated at Moga is concerned, I am sorry to observe that I could not get any statistics as almost all the operated patients are not refracted as a routine method. As such , I refrain from making any comments. However, I have begun to do the cataract operation according to this method; and I will be able to give the results about acuity of vision in course of time.

IV.

Before I conclude this report, I may be permitted to say a few words about the Doctor himself. Dr. Mathra Das is not only well-known in Northern India for his professional skill, but is equally loved for his kindness of disposition, hospitable nature and his public benevolences. A considerable part of his income is devoted to works of charity and public utility, conspicuous among which is

is the Mathra Das High School at Moga.

Personally, I must gratefully acknowledge the courtesy and the hospitality which the Doctor showed me during my stay at Moga. The impression which one forms is that there could be no kinder and more attentive host than the Doctor. My thanks are also due to the Doctor's Assistants who gave a ready response to all my repeated questions.

In conclusion, I beg leave to express my sincere gratitude to the Government of His Highness the Maharaja of Mysore for deputing me to learn Dr. Mathra Das's method and for affording me all needful facilities.

12- 1- 1924.

SD. K. SREENIVASACHAR.
ADDL. SURGEON A N D
EYE SPECIALIST.

" C O P Y. "

Senior Surgeon.

G.R.S. VI G 34]

SUBJECT.....

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Diary No. of letter replied to.....43.10.....

Section Med

File No. 68-23

Serial No. 10

General and Revenue Secretariat

(RSG)

, the 192

Proceedings of the Government of His Highness the Maharaja of Musore

Date of issue.....10-4-24.....

Signed by.....

Read— Govt Conf 29-30/ Med 68-23-2 dated the 21st October 1923 according sanction to the deputation of Dr K. Srinivasa Char, Surgeon, K. Rajendra Hospital Mysore, to Europe to undergo training under Dr Mathura Das Pahwa, Asst Surgeon, Mayo Hospital, in the improved method of Operation of the Cataract of the eye ~~Govt~~ at present the

May this be

i Printed ?

ii treated as a standing order ?

iii published in the Gazette, English Part ?

iv translated ?

v placed at the disposal of the press ?

vi published in the Gazette, Kannada Part ?

Order Thereon No.

Init 4/4

15

Stages of the disease

2) letter no C 1447-1
dated the 23rd/31.81
January 1924/from
the Senior Surgeon
in myore forwarding
a copy of the report
of the Seminar chaired
on the training he.
received under
the mathura Dacs
Pathra

Circular No 28114-15

Recorded

29/24

Secy to Govt
Medical

1/14/24

To The Senior Surgeon in myore
The Comptroller & Govt.

31/3/24

List of enclosures.

Copied by

Examined by

WD 1888—GPB—1,000.00—21-12-21